
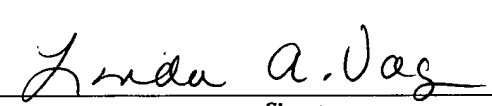
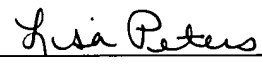


<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>5079-D1-07-LAV</b>		
Applicant(s): <b>Mary Katherine Robinson</b>					
Serial No. <b>09/250,834</b>	Filing Date <b>02/16/99</b>	Examiner <b>Arthur L. Corbin</b>	Group Art Unit <b>1761</b>		
Invention: <b>CRUNCHY CHEWING GUM</b>					
 <b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>09/10/02</b>		
<b>Linda A. Vag</b> <b>Warner-Lambert Company</b> <b>201 Tabor Road</b> <b>Morris Plains, NJ 07950</b>  <b>Phone: 973-385-4790</b> <b>FAX: 973-385-3117</b>			I certify that this document and fee is being deposited on <b>09/10/02</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.   _____ Signature of Person Mailing Correspondence  <b>Lisa Peters</b> _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

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